

**Application for New Hampshire Certified Public Manager Program  
Levels I & II**



Division of Personnel  
Bureau of Education and Training  
State House Annex - 28 School Street.  
Concord, NH 03301

Date:

Level I:

Level II

Both

**I. Personal information**

Name: \_\_\_\_\_

Work Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax # \_\_\_\_\_

Email: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

CPS Graduation Date (Level II Applicants only): \_\_\_\_\_

**II. Current work information**

I am currently a: Supervisor      Manager      I am not a Supervisor/Manager at this time

Title: \_\_\_\_\_ Department: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Division: \_\_\_\_\_

Responsibilities:

**III. Work History:**

Title: \_\_\_\_\_ Employer: \_\_\_\_\_  
# years in job: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Responsibilities:

Title: \_\_\_\_\_ Employer: \_\_\_\_\_  
No. years in job: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Responsibilities:

**IV. Education Experience:**

Institution: _____ Degree: _____	Completion Dates: _____
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**V. Signatures**

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Supervisor's or Manager's support statement: "My signature below indicates that I fully support this candidate's entry into the NHCPM Program, and that funding has been approved." (A separate signature line is available if another signature is required to indicate funding approval.)**  
**Note: If the applicant is not currently a Supervisor or Manager, the agency should provide a written justification briefly explaining why they wish this individual to participate in the program.**

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

(Additional  
signatures if  
appropriate)

~ Please do not process payment until applicant has been accepted into the program. ~

**Note to the applicant: Remember to attach a letter stating why you want to participate.**

**Applications for the CPS, CPM programs may be found at**  
**<http://das.nh.gov/hr/trdev.html> .**